

**Recommended Adult Immunization Schedule
United States, Oct 2007-Sep 2008
Proposed Revisions**

**Advisory Committee on Immunization Practices
June 27, 2007**



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**



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Adult Immunization Working Group

- Dale Morse (chair)
- Jay Butler
- Doug Campos-Outcalt
- Richard Clover
- Jeff Duchin
- Kristen Ehresmann
- Stanley Gall
- Pierce Gardner
- Kristen Nichol
- Diane Petersen
- Greg Poland
- Joni Reynolds
- William Schaffner
- Marcia Shew
- Raymond Strikas
- Litjen Tan
- John Treanor
- Richard Zimmerman
- Gina Mootrey (CDC staff)



Adult Immunization Working Group Current Activities

- **Monthly calls**
 - **Schedule revisions**
 - **Joint call with Harmonized Schedule Working Group**
 - **Reviewed assessment of adult immunization coverage**



Adult Immunization Working Group Future Activities

- **Begin revision of Health Care Worker Recommendations, with HICPAC**
- **Plan for Focus Groups to review Medical and Other Indications Schedule**
- **Aim to publish Recommended Adult Immunization Schedule in October 2007**
- **Plan to incorporate Adult Immunization Recommendations (1997) into the next General Recommendations**
- **Develop Adult Immunization Schedule for HIV-infected persons**



Recommended Adult Immunization Schedule, by Vaccine and Age Group

UNITED STATES • OCTOBER 2006–SEPTEMBER 2007

Vaccine ▼	Age group ►	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1-dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) ²		3 doses (females)		
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses	1 dose	
Varicella ^{4,*}		2 doses (0, 4–8 wks)	2 doses (0, 4–8 wks)	
Influenza ^{5,*}		1 dose annually	1 dose annually	
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses		1 dose
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos, or 0, 6–18 mos)		
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)		
Meningococcal ¹⁰		1 or more doses		

*Covered by the Vaccine Injury Compensation Program. NOTE: These recommendations must be read with the footnotes (see reverse).

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

This schedule indicates the recommended age groups and medical indications for routine administration of currently licensed vaccines for persons aged ≥19 years, as of October 1, 2006. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/nip/publications/acip-list.htm).

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule and contraindications for vaccination is also available at www.cdc.gov/nip or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Recommended Adult Immunization Schedule

by Vaccine and Age Group

UNITED STATES • OCTOBER 2007–SEPTEMBER 2008

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VACCINE ▼	AGE GROUP ►	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1 dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) ^{2,*}		3 doses females (0, 2, 6 mos)		
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses	1 dose	
Varicella ^{4,*}		2 doses (0, 4–8 wks)		
Influenza ^{5,*}			1 dose annually	
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses		1 dose
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos or 0, 6–18 mos)		
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)		
Meningococcal ^{10,*}		1 or more doses		
Zoster ¹¹				1 dose

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Enhancements

Age Group Schedule and Box

- HPV bar shortened
- Varicella – Bar yellow for all age groups
- Zoster vaccine added
 - Yellow bar for 60+ years
- Changed yellow bar legend wording from “age requirements and lack evidence of immunity” to “and/or”
- Added wording on “extent of available data” to box
- Updated URLs
- NVICP coverage for meningococcal vaccine *



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Human papillomavirus (HPV) ^{2,*}		3 doses females (0, 2, 6 mos)		
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses	1 dose	
Varicella ^{4,*}		2 doses (0, 4–8 wks)		
Influenza ^{5,*}			1 dose annually	
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses		1 dose
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos or 0, 6–18 mos)		
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)		
Meningococcal ^{10,*}		1 or more doses		
Zoster ¹¹			1 dose	

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Recommended Adult Immunization Schedule, by Vaccine and Medical and Other Indications

UNITED STATES • OCTOBER 2006–SEPTEMBER 2007

Indication ►	Pregnancy	Congenital immunodeficiency, leukemia, ¹¹ lymphoma, generalized malignancy, cerebrospinal fluid leaks; therapy with alkylating agents, antimetabolites, radiation, or high-dose, long-term corticosteroids	Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia ¹¹ (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease, recipients of clotting factor concentrates	Kidney failure, end-stage renal disease, recipients of hemodialysis	Human immunodeficiency virus (HIV) infection ^{3,11}	Healthcare workers
Vaccine ▼								
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1-dose Td booster every 10 yrs						
		Substitute 1 dose of Tdap for Td						
Human papillomavirus (HPV) ²		3 doses for females through age 26 yrs (0, 2, 6 mos)						
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses						
Varicella ^{4,*}		2 doses (0, 4–8 wks)						2 doses
Influenza ^{5,*}	1 dose annually			1 dose annually	1 dose annually			
Pneumococcal (polysaccharide) ^{6,7}	1–2 doses	1–2 doses						1–2 doses
Hepatitis A ^{8,*}	2 doses (0, 6–12 mos, or 0, 6–18 mos)				2 doses	2 doses (0, 6–12 mos, or 0, 6–18 mos)		
Hepatitis B ^{9,*}	3 doses (0, 1–2, 4–6 mos)				3 doses (0, 1–2, 4–6 mos)			
Meningococcal ¹⁰	1 dose			1 dose	1 dose			

*Covered by the Vaccine Injury Compensation Program. NOTE: These recommendations must be read with the footnotes (see reverse).

Approved by
the Advisory Committee on Immunization Practices,
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the American Academy of Family Physicians,
and the American College of Physicians

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Contraindicated



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Recommended Adult Immunization Schedule

by Vaccines That May be Indicated for Adults Based on Medical and Other Conditions

UNITED STATES • OCTOBER 2007–SEPTEMBER 2008

DRAFT

INDICATION ►	Pregnancy	Immuno-compromising conditions (excluding HIV), medications, radiation ¹³	Human immunodeficiency virus (HIV) infection ^{3,12,13} CD4+ T lymphocyte count < 200/uL ≥ 200/uL	Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, recipients of hemodialysis	Healthcare workers
VACCINE ▼								
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}								
Human papillomavirus (HPV) ^{2,*}								
Measles, mumps, rubella (MMR) ^{3,*}								
Varicella ^{4,*}								
Influenza ^{5,*}								
Pneumococcal (polysaccharide) ^{6,7}								
Hepatitis A ^{8,*}								
Hepatitis B ^{9,*}								
Meningococcal ^{10,*}								
Zoster ¹¹								

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Medical and Other Indications Schedule Enhancements

- Revised Title – Vaccines that May be Indicated for Adults Based on Medical and Other Conditions
- NVICP coverage for meningococcal vaccine*
- Deleted list of immunocompromising conditions from column heading
- Moved immunocompromising conditions column next to HIV column
- Split HIV column
 - Affects contraindications for MMR, varicella and zoster



Recommended Adult Immunization Schedule

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UNITED STATES • OCTOBER 2007–SEPTEMBER 2008

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VACCINE ▼								
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}								
Human papillomavirus (HPV) ^{2,*}								
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VACCINE ▼								
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1 dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td						
Human papillomavirus (HPV) ^{2,*}		3 doses for females through age 26 yrs (0, 2, 6 mos)						
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses						
Varicella ^{4,*}		2 doses (0, 4–8 wks)						
Influenza ^{5,*}		1 dose TIV annually						1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses						
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos, or 0, 6–18 mos)						
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)						
Meningococcal ^{10,*}		1 or more doses						
Zoster ¹¹		1 dose						

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Contraindicated

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Medical and Other Indications

Schedule Enhancements

- Recipients of clotting factor concentrates removed from column heading
- Influenza
 - Indicates TIV or LAIV can be given to health care workers
 - Yellow bar for asplenia column
- Meningococcal – 1 or more doses
- Zoster vaccine added
 - Contraindicated for pregnancy, immunocompromising conditions, HIV CD4+ T lymphocyte count <200); yellow bar for others



Recommended Adult Immunization Schedule

by Vaccines That May be Indicated for Adults Based on Medical and Other Conditions

UNITED STATES • OCTOBER 2007–SEPTEMBER 2008

DRAFT

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VACCINE ▼								
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Human papillomavirus (HPV) ^{2,*}								
Measles, mumps, rubella (MMR) ^{3,*}								
Varicella ^{4,*}								
Influenza ^{5,*}								
Pneumococcal (polysaccharide) ^{6,7}								
Hepatitis A ^{8,*}								
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General Footnote Enhancements

- Paragraph format – easier to read
- Pregnancy language – indications not contraindications in footnotes
- Added URLs for specific ACIP Recommendations



Tetanus, Diphtheria, Pertussis Footnote #1 has been revised:

- **To highlight the general statement regarding replacing only one Td with Tdap by reordering the footnote wording**



Human Papillomavirus (HPV)

Footnote #2 has been revised to:

- Delete pregnancy language
- Indicate HPV vaccine is not specifically indicated based on medical conditions
- Indicate the efficacy and immunogenicity may be lower in certain persons



1. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Tdap should replace a single dose of Td for adults aged <65 years who have not previously received a dose of Tdap (either in the primary series, as a booster, or for wound management). Only one of two Tdap products (Adacel[®] [sanofi pasteur]) is licensed for use in adults.

Adults with uncertain histories of a complete primary vaccination series with diphtheria and tetanus toxoid—containing vaccines should begin or complete a primary vaccination series. A primary series for adults is 3 doses; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. Administer a booster dose to adults who have completed a primary series and if the last vaccination was received ≥ 10 years previously. Tdap or Td vaccine may be used, as indicated.

If the person is pregnant and received the last Td vaccination ≥ 10 years previously, administer Td during the second or third trimester; if the person received the last Td vaccination in < 10 years, administer Tdap during the immediate postpartum period. A one-time administration of 1 dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women, close contacts of infants aged < 12 months, and all healthcare workers with direct patient contact. In certain situations, Td can be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap can be given instead of Td to a pregnant woman after an informed discussion with the woman.

Consult the ACIP statement for recommendations for administering Td as prophylaxis in wound management (www.cdc.gov/mmwr/PDF/rr/rr5517.pdf).

2. Human papillomavirus (HPV) vaccination

HPV vaccination is recommended for all women aged ≤ 26 years who have not completed the vaccine series. Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, women who are sexually active should still be vaccinated. Sexually active women who have not been infected with any of the HPV vaccine types receive the full benefit of the vaccination. Vaccination is less beneficial for women who have already been infected with one or more of the four HPV vaccine types.

A complete series consists of 3 doses. The second dose should be administered 2 months after the first dose; the third dose should be administered 6 months after the first dose.

HPV vaccination is not specifically recommended for females with medical indications described in the table "Recommended Adult Immunization Schedule by Vaccines That May be Indicated for Adults Based on Medical and Other Indications," although, because it is not a live-virus vaccine, it can be administered. However, the immune response and vaccine efficacy might be less than that in persons who are immunocompetent or who do not have the described medical indications.

(See www.cdc.gov/mmwr/PDF/rr/rr5602.pdf)



Measles, Mumps, Rubella Footnote #3 has been revised to:

- Delete pregnancy contraindication language**



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3. Measles, mumps, rubella (MMR) vaccination

Measles component: adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive ≥ 1 dose of MMR unless they have a medical contraindication, documentation of ≥ 1 dose, history of measles based on healthcare provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a healthcare facility; or 6) plan to travel internationally.

Mumps component: adults born before 1957 can generally be considered immune to mumps. Adults born during or after 1957 should receive 1 dose of MMR unless they have a medical contraindication, history of mumps based on healthcare provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) are in an age group that is affected during a mumps outbreak; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. For unvaccinated healthcare workers born before 1957 who do not have other evidence of mumps immunity, consider giving 1 dose on a routine basis and strongly consider giving a second dose during an outbreak.

Rubella component: administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.

(See www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm)



Varicella

Footnote #4 has been revised to:

- Indicate use of single antigen varicella vaccine
- Add an epidemiological link to a laboratory confirmed case as a requirement for evidence of immunity in a HCP diagnosis of a mild or atypical case
- Delete pregnancy language



4. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of **single antigen** varicella vaccine **unless they have a medical contraindication**. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., healthcare workers and family contacts of immunocompromised persons) or 2) are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for healthcare workers, pregnant women, and birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a healthcare provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, healthcare providers should seek either an epidemiologic link with a typical varicella case or **to a laboratory confirmed case** **or** evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on healthcare provider diagnosis; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Assess pregnant women for evidence of varicella immunity. Women who do not have evidence of immunity should receive dose 1 of varicella vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility. The second dose should be administered 4–8 weeks after the first dose.

(See www.cdc.gov/mmwr/PDF/rr/rr4806.pdf)



PPV

Footnote # 6 has been revised to:

- **Be consistent with Figure 2 column heading by adding chronic alcoholism to text**
- **Delete listing of multiple immunodeficiency conditions**
- **Move CSF leaks from immunodeficiency column heading to footnote text**



PPV Revaccination

Footnote # 7 has been revised to:

- **Delete listing of multiple immunodeficiency conditions**



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6. Pneumococcal polysaccharide vaccination

Medical indications: chronic pulmonary **disease** (excluding asthma); **chronic** cardiovascular diseases; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis); **chronic alcoholism**, chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunosuppressive conditions; and cochlear implants **and CSF leaks**.

Vaccinate as close to HIV diagnosis as possible when CD4 cell counts are highest.

Other indications: Alaska Natives and certain American Indian populations and residents of nursing homes or other long-term-care facilities.

(See www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm)

7. Revaccination with pneumococcal polysaccharide vaccine

One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); immunosuppressive conditions. For persons aged ≥ 65 years, one-time revaccination if they were vaccinated ≥ 5 years previously and were aged < 65 years at the time of primary vaccination.

8. Hepatitis A vaccination

Medical indications: persons with chronic liver disease and persons who receive clotting factor concentrates.

Behavioral indications: men who have sex with men and persons who use illegal drugs.

Occupational indications: persons working with hepatitis A virus (HAV)–infected primates or with HAV in a research laboratory setting.

Other indications: persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at www.cdc.gov/travel/diseases.htm) and any person who would like to obtain immunity.

Single antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (**Havrix[®]**), or 0 and 6–18 months (**Vaqta[®]**). If the combined hepatitis A and hepatitis B vaccine is used, administer 3 doses at 0, 1, and 6 months.

(See www.cdc.gov/mmwr/PDF/rr/rr5507.pdf)



Hepatitis A

Footnote #8 has been revised to:

- **Clarify the schedules for the two single antigen vaccines**



Hepatitis B

Footnote #9 has been revised to:

- **Delete persons who receive clotting factor as a risk group**



9. Hepatitis B vaccination

Medical indications: persons with end-stage renal disease, including patients receiving hemodialysis; persons seeking evaluation or treatment for a sexually transmitted disease (STD); persons with HIV infection; and persons with chronic liver disease.

Occupational indications: healthcare workers and public-safety workers who are exposed to blood or other potentially infectious body fluids.

Behavioral indications: sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with >1 sex partner during the previous 6 months); current or recent injection-drug users; and men who have sex with men.

Other indications: household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for persons with developmental disabilities; international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at www.cdc.gov/travel/diseases.htm); and any adult seeking protection from HBV infection.

Settings where hepatitis B vaccination is recommended for all adults: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; healthcare settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential daycare facilities for persons with developmental disabilities.

Special formulation indications: for adult patients receiving hemodialysis and other immunocompromised adults, 1 dose of 40 µg/mL (Recombivax HB[®]) or 2 doses of 20 µg/mL (Engerix-B[®]).

(See www.cdc.gov/mmwr/PDF/rr/rr5516.pdf)



Meningococcal Disease

Footnote # 10 has been revised to:

- Clarify that persons who remain at increased risk for infection may be indicated for revaccination



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10. Meningococcal vaccination

Medical indications: adults with anatomic or functional asplenia, or terminal complement component deficiencies.

Other indications: first-year college students living in **dormitories**; microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of sub-Saharan Africa during the dry season [December–June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Meningococcal conjugate vaccine is preferred for adults with any of the preceding indications who are aged ≤ 55 years, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Revaccination after **3–5** years might be indicated for adults previously vaccinated with MPSV4 who remain at **increased** risk for infection (e.g., persons residing in areas in which disease is epidemic).

(See www.cdc.gov/mmwr/PDF/rr/rr5407.pdf)



Herpes Zoster

A new footnote # 11 has been added to:

- **Recommend a single dose of zoster vaccine for adults 60 years and older whether or not they report a history of herpes zoster**
- **Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition**



11. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults 60 years of age and older whether or not they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.

12. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

Hib conjugate vaccines are licensed for children aged 6 weeks–71 months. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults with the chronic conditions associated with an increased risk for Hib disease. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had splenectomies; administering vaccine to these patients is not contraindicated.

13. Immunocompromising conditions

Inactivated vaccines are generally acceptable (e.g., pneumococcal, meningococcal, influenza [TIV]) and live vaccines are generally avoided when there are immune deficiencies or immune suppressive conditions. For guidance related to specific conditions refer to CDC, General Recommendations on Immunization, Recommendations of the Advisory Committee on Immunization Practices (ACIP), *MMWR* 2006;55(NO. RR-15), pp. 24–29 and Table 11.

(See www.cdc.gov/mmwr/PDF/rr/rr5515.pdf)



Immunocompromising Conditions

A new footnote #13 has been added to:

- **Direct readers to the General Recommendations for guidance related to specific immunocompromising conditions**
- **Reduce the immunocompromising conditions “language” in several of the vaccine-specific footnotes**

